

213047529  
11292

State of Nebraska  
Investigator's Motor Vehicle Accident Report

Sheet 1 of 4

3	Total Number of Vehicles	Local No./ District 071	Agency Case No. B3-115813	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 12/16/2013		TIME OF ACCIDENT 1913	STATE USE ONLY	
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1914	12/16/2013	
B	35	ROAD ON WHICH ACCIDENT OCCURRED STREET/ HIGHWAY NO. P Street		PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE	
C	4	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE
D	1	IF AT INTERSECTION NAME OF INTERSECTING ROADWAY		IF NOT AT INTERSECTION OF NEAREST STREET, BRIDGE, RAILROAD CROSSING		
V1/M	10	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN				
V2/M	01	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN
E	2	R. WORK ZONE CODES 1	R2	R3	R4	S. PEDESTRIAN CLASSIFICATION CODES S1 S2 S3 S4 S5-a S5-b S6-a S6-b
F	1	DRIVER LICENSE NO.			STATE (Of License)	SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE
V1/N	5	DRIVER JENNIFER B ZENDEJAS			PHONE 4027197633	LOCAL NO.
V2/N	1	DRIVER ADDRESS 2525 SW Soukup Dr, Lincoln, NE 68522			CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY) 11/01/1977
G	2	OWNER MARIA ZENDEJAS			PHONE 4027197633	LOCAL NO. 04-16-1993
H	5	OWNER ADDRESS 436 S RIVER ST, WEST POINT, NE 68788			CITY, STATE, ZIP	CITATION <input checked="" type="radio"/> YES <input type="radio"/> NO LB406557
V1/O	1	LICENSE PLATE PA NO. 24D482	YEAR 2002	MAKE Ford	MODEL Explorer	BODY STYLE Medium/large
V2/O	4	VEHICLE 1FMZU73E22UA24528	VEHICLE ID NO. (VIN)	INSURANCE COMPANY Progressive		
I	1	VEHICLE NO. 2			DRIVER LICENSE NO. H13276372	
V1/P	1	DRIVER ANTON C HASSEBROOK			PHONE 4028700661	LOCAL NO.
V2/P	1	DRIVER ADDRESS 501 N 25th #4, Lincoln, NE 68503			CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY) 04/24/1992
J	01	OWNER KATE F BORCHMAN / Chuck H Hassebrook			PHONE 4026872238	LOCAL NO. 05-04-1953
V1/Q	4	LICENSE PLATE PA NO. 31B312	YEAR 1997	MAKE Nissan	MODEL XGU	BODY STYLE 4 door Sedan
V2/Q	1	VEHICLE 1N4AB41D6VC723564	VEHICLE ID NO. (VIN)	INSURANCE COMPANY Farmers Mutual		
K	02	TOWED TO Capital Tow	TOWED BY Capital Tow	POLICY NO. AU326557		
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)				DATE OF BIRTH (MM / DD / YYYY)	1 2 3 4 5	SEX M F
VEH. #	NAME	ADDRESS		SEAT POSITION	EJECT	BODY REGION
VEH. #	NAME	ADDRESS		INJURY SEV.	TRANS.	SEX M F
VEH. #	NAME	ADDRESS		LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME
VEH. #	NAME	ADDRESS		LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME
VEH. #	NAME	ADDRESS		LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME
VEH. #	NAME	ADDRESS		LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME

# THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.  
B3-115813



Indicate  
North  
by Arrow



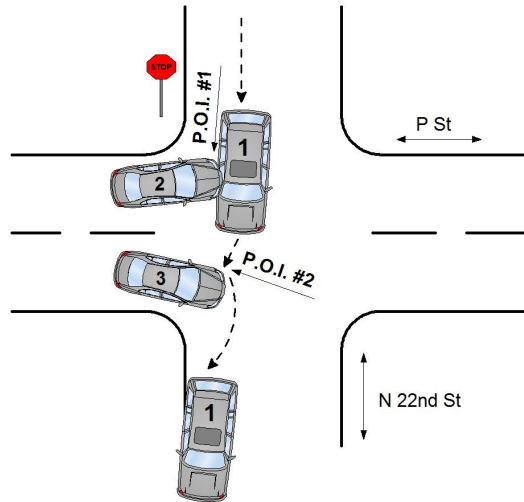
Measurements Are Approximate

POI #1  
13' S of N curb of P St  
7' W of E curb of N 22nd St

POI #2  
12' N of S curb of P St  
9' W of E curb of N 22nd St

P St width = 30'  
N 22nd St width = 30'

Not To Scale



## DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

D2 reported he was EB on P St, in the north lane at an estimated speed of 35mph approaching, N 22nd St. D2 stated V1 was SB on N 22nd and did not stop at the stop sign on the NW corner and entered the intersection in front of him. D2 braked but collided with V1 on the passenger side. V1 then continued into the south lane of P St and collided with V3. D3 corroborated D2's statement. D1 admitted she may not have stopped at the stop sign and entered the intersection in front of V2. D1 was cited and released.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME	ADDRESS	PHONE		
	NAME	ADDRESS	PHONE		

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS																
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME	(Enter numbers for each vehicle)																						
1		X			N 22nd St			4		2		<table border="1"> <tr> <th>ALCOHOL TESTING</th> <th>Driver No. 1</th> <th>Driver No. 2</th> <th>Pedestrian</th> </tr> <tr> <td>Y</td> <td></td> <td>Y</td> <td>Y</td> </tr> <tr> <td>ALCOHOL LEVEL TESTED</td> <td>N</td> <td>X</td> <td>N</td> <td>X</td> </tr> </table>				ALCOHOL TESTING	Driver No. 1	Driver No. 2	Pedestrian	Y		Y	Y	ALCOHOL LEVEL TESTED	N	X	N	X
ALCOHOL TESTING	Driver No. 1	Driver No. 2	Pedestrian																									
Y		Y	Y																									
ALCOHOL LEVEL TESTED	N	X	N	X																								
2			X		P St							<table border="1"> <tr> <th>BAC LEVEL</th> <th>Driver No. 1</th> <th>Driver No. 2</th> </tr> <tr> <td></td> <td>1</td> <td>1</td> </tr> </table>				BAC LEVEL	Driver No. 1	Driver No. 2		1	1							
BAC LEVEL	Driver No. 1	Driver No. 2																										
	1	1																										
1	01	06 Turning left				03		03		1		<table border="1"> <tr> <th>ALCOHOL/ DRUGS SUSPECTED</th> <th>Driver No. 1</th> <th>Driver No. 2</th> </tr> <tr> <td>1</td> <td>1</td> <td>1</td> </tr> </table>				ALCOHOL/ DRUGS SUSPECTED	Driver No. 1	Driver No. 2	1	1	1							
ALCOHOL/ DRUGS SUSPECTED	Driver No. 1	Driver No. 2																										
1	1	1																										
2	01	08 Entering traffic lane				03		01		2		<table border="1"> <tr> <th>ALCOHOL/ DRUGS SUSPECTED</th> <th>Driver No. 1</th> <th>Driver No. 2</th> </tr> <tr> <td>1</td> <td>1</td> <td>1</td> </tr> </table>				ALCOHOL/ DRUGS SUSPECTED	Driver No. 1	Driver No. 2	1	1	1							
ALCOHOL/ DRUGS SUSPECTED	Driver No. 1	Driver No. 2																										
1	1	1																										
01 Essentially straight ahead					02 Backing					03 Changing lanes					04 Overtaking/ Passing					05 Turning right								
06 Turning left					07 Making U-turn					08 Entering traffic lane					09 Leaving traffic lane					10 Parked								
11 Slowing or stopped in traffic					12 Other					13 Unknown																		

OFFICER NO. 1704	TROOP/ TEAM/ BEAT 7	DEPARTMENT Lincoln Police Department	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) Angela Morehouse		INVESTIGATOR SIGNATURE Approved by Officer Angela Morehouse	DATE OF REPORT 12/16/2013

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State of Nebraska

## Investigator's Motor Vehicle Accident Continuation Report Sheet 3 of 4

Local No./

District 071

Agency

Case No. B3-115813

STATE USE ONLY

Vehicle Codes from Overlay #2	DATE OF ACCIDENT (MM / DD / YYYY) 12/16/2013		PLACE OF ACCIDENT CITY	COUNTY Lancaster	Lancaster		
	ROAD ON WHICH ACCIDENT OCCURRED		STREET/HIGHWAY NO.		P Street		
VEH. #	VEHICLE NO. 3						VEH. #
3	DRIVER LICENSE NO. H13553749		STATE (Of License) NE		SEX	<input type="radio"/> FEMALE <input checked="" type="radio"/> MALE	3
M	DRIVER JERRY M BORGSCHULTE		PHONE 4028407075		LOCAL NO.		1.
N	DRIVER ADDRESS 1717 PINEDALE AVE, LINCOLN, NE 68506		CITY, STATE, ZIP 68506		DATE OF BIRTH (MM / DD / YYYY) 09/13/1979		2.
O	OWNER JERRY M BORGSCHULTE		PHONE 4028407075		LOCAL NO. 09-13-1979		3.
P	OWNER ADDRESS 1717 Pinedale Ave, Lincoln, NE 68506		CITY, STATE, ZIP 68506		CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> YES		4.
Q	LICENSE PLATE PA NO. TDY305		YEAR (Plate Expires) 2014		STATE (Of Plate) NE		5.
1	VEHICLE 2010		MAKE Honda		MODEL Civic		6.
1	VEHICLE ID NO. (VIN) 19XFA1F52AE041979		YEAR 2010		ESTIMATED DAMAGE <input type="radio"/> TOTALED \$ 1000		18
	TOWED TO Capital Tow		TOWED BY Capital Tow		INSURANCE COMPANY American Family		35
					POLICY NO. 210616720261FPPANE		
VEH. #	VEHICLE NO. 4						VEH. #
4	DRIVER LICENSE NO.		STATE (Of License)		SEX	<input type="radio"/> FEMALE <input type="radio"/> MALE	4
M	DRIVER		PHONE		LOCAL NO.		1.
N	DRIVER ADDRESS		CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)		2.
O	OWNER		PHONE		LOCAL NO.		3.
P	OWNER ADDRESS		CITY, STATE, ZIP		CITATION <input type="radio"/> PENDING <input type="radio"/> YES		4.
Q	LICENSE PLATE NO.		YEAR (Plate Expires)		STATE (Of Plate)		5.
	VEHICLE		YEAR		ESTIMATED DAMAGE <input type="radio"/> TOTALED \$		6.
	VEHICLE ID NO. (VIN)		INSURANCE COMPANY		POLICY NO.		
	TOWED TO		TOWED BY				

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA				AIRBAG DEPLOYED				RESTRAINT USE				TOTAL OCCUPANTS								
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME				VEHICLE 3				VEHICLE 4				VEH 3				VEH 4			
3			X		P St																			
4																								
3	01				06 Turning left				POINT OF IMPACT				1				2				Y			
4					07 Making U-turn				MOST DAMAGED AREA				2				N				X			
					08 Entering traffic lane																			
					09 Leaving traffic lane																			
					10 Parked																			
					11 Slowing or stopped in traffic																			
					12 Other																			
					13 Unknown																			

Complete this section for all injured persons						DATE OF BIRTH (MM / DD / YYYY)		1		2		3		4		5		SEX		
NAME						ADDRESS		Seat Position		Eject		Body Region		Injury Sev.		Trans.		M F		
VEH. #	NAME						ADDRESS													
	LOCAL NO.		MEDICAL FACILITY NAME		EMS SERVICE NAME		EMS RUN REPORT NO.													
VEH. #	NAME						ADDRESS													
	LOCAL NO.		MEDICAL FACILITY NAME		EMS SERVICE NAME		EMS RUN REPORT NO.													
VEH. #	NAME						ADDRESS													
	LOCAL NO.		MEDICAL FACILITY NAME		EMS SERVICE NAME		EMS RUN REPORT NO.													

# ADDITIONAL - DIAGRAM & INFORMATION AS REQUIRED FOR ACCIDENT



Indicate  
North  
by Arrow

AGENCY CASE NO.

B3-115813

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE
					\$
WITNESSES	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE
					\$
WITNESSES	NAME		ADDRESS		PHONE
	NAME		ADDRESS		PHONE
OFFICER NO.		TROOP/ TEAM/ BEAT	DEPARTMENT		
1704		7	Lincoln Police Department		
INVESTIGATOR NAME (Print or Type)			INVESTIGATOR SIGNATURE		DATE OF REPORT
Angela Morehouse			Approved by Officer Angela Morehouse		12/16/2013